



Missouri Pharmacy Program – Preferred Drug List



Oral Pulmonary Hypertension Agents

Effective June 25, 2008

Revised 01/07/2010

Preferred Agents

- Tracleer®
- Revatio®

Non-Preferred Agents

- Letairis®
- **Adcirca®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Approved Diagnosis: Pulmonary Arterial Hypertension 416.0 – 416.9	Lack of adequate trial on required preferred agents.
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	Nitrate therapy or Norvir therapy or Kaletra therapy in last 30 days <ul style="list-style-type: none">○ Revatio
Documented ADE/ADR to preferred agents	Pregnancy Diagnosis <ul style="list-style-type: none">○ Tracleer○ Letairis
Documented compliance on current therapy regimen.	
Revatio dosing <ul style="list-style-type: none">○ 20mg three times daily	Drug Prior Authorization Hotline: (800) 392-8030